

Application for Absent Voter Ballot by Voter Requiring Assistance or Voter Hospitalized Because of Accident or Medical Emergency

R. C. 3509.08

Voter's Name _____

Home Address _____

City, Village, or Post Office _____

County _____ Zip Code _____

You must provide your birthdate: _____ / _____ / _____ *and one of the following:*
month day year

- ☐ Your Ohio driver's license number _____, **or**
- ☐ The last four digits of your social security number _____, **or**
- ☐ Copy of a current and valid photo identification, a current utility bill, bank statement, government check, paycheck or other government document that shows your name and address.

I wish to vote in the following election to be held on _____.

Check one: _____ (Date of Election)

- | | |
|---|--|
| 1. Primary Election | |
| <input type="checkbox"/> Democratic | 2. <input type="checkbox"/> General Election |
| <input type="checkbox"/> Republican | |
| <input type="checkbox"/> Nonpartisan or issues only | 3. <input type="checkbox"/> Special Election |

Check one of following:

- ☐ I am unable to mark my ballots without assistance because of the following described illness, physical disability or infirmity: _____.
Please have two election officials deliver my ballot. I understand this request must be received by my county boards of elections no later than noon the 3rd day before the date of the election listed above.
- ☐ I am hospitalized due to an unforeseeable medical emergency or accident. Please have two election officials; or if I have requested a family member as indicated below, deliver my ballot to me at the hospital. I understand this request must be received no later than 3 p.m. on election day.

Name of Hospital _____ Date of Admission _____

I request that _____, who is my _____,
(Name of Family Member) (Relationship to Voter)
deliver my ballot to me at the hospital.

I hereby declare, under penalty of election falsification, I am a qualified voter and the statements above are true to the best of my knowledge and belief. I understand that if I do not provide the requested information, my application cannot be processed.

X _____
SIGNATURE OF VOTER

Date Signed